



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: NORTHWEST TEXAS HOSPITAL 1201 LAKE WOODLANDS DR #4024 WOODLANDS TX 77380	MFDR Tracking #: M4-11-1883-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: LIBERTY INSURANCE CORP Box #: 01	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as taken from the Table of Disputed Services: "Not paid according to fee guideline."

Amount in Dispute: \$518.93

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Reimbursement for these charges is calculated according to "other Medicare fee schedules" as indicated in paragraph (h) of the rules. The conversion factor for physical therapy for 2010 is \$54.32. This factor divided by the CMS conversion factor of 36.0791 and multiplied by the Participating Facility Fee equals the fee schedule allowable reimbursement. For code 97110 that amount is \$41.87 and for 95832 the reimbursement is \$22.52. For code 97110 we have reimbursed exactly \$41.87 per unit. For code 95832 we reimbursed which is actually more than [sic] the allowed amount. This was an overpayment of \$19.35. We do not believe that provider is due any additional reimbursement."

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
04/07/10, 04/09/10, 04/12/10, 04/14/10, 04/16/10, 04/19/10, 04/21/10, 04/23/10	CPT Code 97110	$(54.32 \div 36.0791) \times \$27.81 = \$41.87 \times 31 = \$1,297.99 - \$1,297.97 \text{ (carrier payment)}$	\$518.93	\$0.00
04/12/10	CPT Code 95832	$(54.32 \div 36.0791) \times \$14.96 = \$22.52 - \$36.82 \text{ (carrier payment)}$		\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division rule at 28 Texas Administrative Code §134.403, titled *Hospital Facility Fee Guideline – Outpatient*, effective for medical services provided in an outpatient acute care hospital on or after March 1, 2008, set out the reimbursement guidelines for hospital outpatient services.

This request for medical fee dispute resolution was received by the Division on February 10, 2011.

1. For the services involved in this dispute, the respondent reduced or denied payment with reason code:
 - 42 – Z710 – The charge for this procedure exceeds the fee schedule allowance.
 - 150 – Z652 – Recommendation of payment has been based on a procedure code which best describes services rendered.
 - Z951 – Additional allowance not recommended per fee schedule, usual and customary guidelines and-or provier's PPO.
2. This dispute pertains to physical therapy/occupational therapy provided to the injured employee performed in a facility setting. The requestor has listed 04/16/10 thru 04/23/10 as the dates of service in dispute.
3. Division rule at 28 TAC §134.403(h) states, in pertinent part, that "for medical services provided in an outpatient acute care hospital, but not addressed in the Medicare payment policies as outlined I subsections (f)(1) or (f)(2) of this section, and for which Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for that service on the date the service was provided."
4. The requestor is seeking additional reimbursement for CPT Code 97110 (31 units), however, in accordance with Division rule at 28 TAC §134.203(c)(1) the established workers compensation conversion factor divided by the Medicare conversion factor multiplied by the Medicare participating amount shall be calculated as shown in Part IV of this decision. The MAR amount is \$1,297.97; the respondent paid \$1,297.97. Additional reimbursement is not due.
5. The requestor is seeking additional reimbursement for CPT Code 95832 (1 unit), however, in accordance with Division rule at 28 TAC §134.203(c)(1) the established workers compensation conversion factor divided by the Medicare conversion factor multiplied by the Medicare participating amount shall be calculated as shown in Part IV of this decision. The MAR amount is \$22.52; the respondent paid \$36.82. Additional reimbursement is not due.

Based upon the documentation submitted by the parties and in accordance with Texas Labor Code §413.031(c), the Division concludes that the requestor is not due additional payment. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code §413.011(a-d), §413.031 and §413.0311
28 Texas Administrative Code §133.305, §133.307, §134.203, §134.403
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is not entitled to additional reimbursement for the services involved in this dispute.

DECISION:

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 TAC §148.3(c).

Under Texas Labor Code §413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.